



08-26-4

IFW RCE 1743

Atty. Dkt. No. 071949-1307

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kenneth F. Buechler

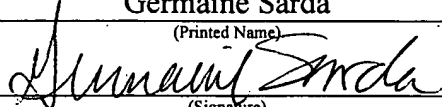
Title: DIAGNOSTIC DEVICES AND
APPARATUS FOR THE
CONTROLLED MOVEMENT
OF REAGENTS WITHOUT
MEMBRANES

Appl. No.: 09/613,650

Appl. Filing Date: 7/11/2000

Examiner: Alexander, Lyle

Art Unit: 1743

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EL990321093US	August 25, 2004
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

08/26/2004 HVUONG1 00000092 500872 09613650

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1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

☐ Please enter and consider the amendment/reply previously filed on _____.

b. Enclosed are:

☒ Supplemental Inventor Declaration (3 pages).

☒ Supplemental Information Disclosure Statement (3 pages).

☒ Form PTO-1449 with copies of 10 listed reference(s) (2 pages).

☒ Supplemental Application Data Sheet (3 pages).

☒ Return postcard.

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$770.00	= \$770.00
Total Claims:	20	- 73	=0	x \$18.00	= \$0.00
Independents	2	- 9	=0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$290.00	= \$0.00
CLAIMS FEE TOTAL:					= \$770.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$770.00. A duplicate copy of this transmittal is enclosed.

- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date August 25, 2004

By Barry S. Wilson

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Barry S. Wilson
Attorney for Applicant
Registration No. 39,431